



North Carolina Department of Environment and Natural Resources
Division of Waste Management
Solid Waste Section



INVOICE 2012

Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Applicant Address:	Contact/Billing Information:	Facility Location Address:
	Mr. Bee Barnett, Solid Waste Director Duplin County Transfer Station PO Box 976 Kenansville, NC 28349	Duplin County Transfer Station 325 Landfill Road Rose Hill, NC 28458

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0015	03/07/2012		\$3,000.00

A. **Permit Fee Requirements:** Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

B. **Explanation of Invoice Amount is Based on Facility's Current Permit Application**

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
3103T-TRANSFER-	TRANSFER	Permit Amendment	02/27/2012	\$3,000.00	\$3,000.00
Total Amount Due					\$3,000.00
Amount Paid					\$0.00

C. **Remit Payment (including a copy of this invoice) To:**

Division of Waste Management
Solid Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646
Attn: Ellen Lorscheider

PAID
CK. NO. 381490 \$3,000.00
DATE 3/19/2012

D. **Solid Waste Contacts:**

- Questions about billing process: Liz Patterson at (919) 707-8286 or Ellen Lorscheider at (919) 707-8445
- Questions about the Regulations and Technical Assistance:
Ed Mussler (919) 707-8231 Landfills, Transfer Stations
Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

E. **Update Your Information:** Please indicate any changes in Facility or Contact Information.

**SOLID WASTE SECTION PERMIT APPLICATION
COMPLIANCE REVIEW REQUEST
AND PERMIT FEE INVOICE REQUEST**

Submit to the Field Operations Branch Head (or Compliance Officer) and to Jeff Skabo

Review Requested by:	<u>Allen Gaither</u>	Date Requested:	<u>3/2/12</u>
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Name of facility and permit number	<u>Duplin County MSW Transfer Facility Permit 31-03T</u>
Applicant (Owner) Name	<u>Duplin County</u>
Description of Permit Request	<u>130A-295.8(b)(2)(b.)</u>
Permit Fee Action	<u>Amendment</u> \$3,000.00
Date Application Received	<u>2/27/12</u>
Contact Name and Title	<u>Bee Barnett - Solid Waste Director</u>
Company	<u>Duplin County</u>
911 Address	<u>325 Landfill Road, Rose Hill NC, 28458</u>
Mailing Address	<u>PO Box 976</u>
City/State/Zip	<u>Kenansville, NC 28349</u>
Parent Company	_____
Known Subsidiaries	_____
Other known names business has operated under	_____
Known Counties of Operation	<u>Swain</u>
Does the applicant have a past or current solid waste permit? If Yes:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>MSWLF, TS, LCID</u> Permit #: <u>31-01, 02 & 31B</u>
Does the applicant have other DENR permits? If Yes:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a <input checked="" type="checkbox"/>
Other notes	<u>Local government owned TF does not require FA</u>

Please confirm that the compliance review requirements for this application have been satisfied.